

DATE

10-6-15

To the honorable, the City Council of the City of Cambridge
The undersigned respectfully pray

2015 OCT 13 PM 2 03

OFFICE OF THE CITY CLERK
CAMBRIDGE, MASSACHUSETTS

HARVARD SQ Eyecare

located at

15 BELMONT STREET, CAMBRIDGE

Name of Petitioner or Business

Address

MA 02138

Be granted permission for a/an () "A" FRAMED SIGN, (☒) SANDWICH BOARD,

() DISPLAY OF MERCHANDISE

() Temporary Banners Hung Across Public Way
(Abutters approval forms required)

() # of TABLES, for restaurant seating () Y () N, () # of CHAIRS REQUESTING () Y () N

Permit Fee: \$75.00 per year renewable on or before March 31

15 Belmont St., Camb., MA 02138

In front of premises numbered

495 Mass Ave, Camb., MA

, on

Address where sign or seating will be

02139

Check the Days off the week



Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



Sunday

Time period:

FROM 10 A.M. TO 7 P.M.

Petitioner signature



Print name here

Lauren Dickerman OD

Telephone number

617 312 0272

Emergency #

617 312 0272

Email Address

dr@hseyecare.com

PLEASE ATTACH A SKETCH TO YOUR APPLICATION ILLUSTRATING YOUR REQUEST

Petitioner must also provide and have on record a Certificate of Insurance Coverage (naming the City of Cambridge) as the holder. Coverage amount should be in the sum of 1,000,000.00

